



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी  
INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI

ACIR FORM -L 21

**LEAVE APPLICATION**

(For Special Casual Leave from ACIR)

1.	Name of the applicant	Dr..:			
2.	Designation				
	Academic Division				
3.	Period of Spl. C.L applied	Nature	From	To	No. of Days
4.	Holidays, Prefixing / Suffixing	Prefix	From:	To:	No. of Days:
		Suffix	From:	To:	No. of Days:
5.	<b>Reasons for leave (please attach supporting papers)</b>				
6.	<b>Mention the MoU and Program under which Spl.C.L. applied</b>				
7.	Whether Station Leave permission required or not	Yes, From:	To:	NO	
8.	Are you holding any other position like HOD, HOC, HOS, Warden, Chairman of a Committee etc. If so, please enclose the approval/ consent of appropriate authority for the period of leave.				
*9.	Arrangement for classes during the proposed leave (for faculty members)	No. of classes to be missed:		Alternative Arrangement:	
10.	Address while on leave				
		Contact Phone No. (if any):	Pin:		

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of the Applicant

Emp\_No.: \_\_\_\_\_

Remarks and/or recommendation of HOD/Dean/Director

\_\_\_\_\_  
Signature

Designation : \_\_\_\_\_

Date : \_\_\_\_\_

Dept./Section/Centre : \_\_\_\_\_

**Note:** If the proposed leave is during the semester period, please furnish the details of alternate arrangement for the missed classes.

**FOR OFFICE USE**

**Certified that the following leave is admissible to:**

Period of leave admissible	Nature	From	To	No. of Days
Holidays Prefixing / Suffixing	Prefix			
	Suffix			
Station Leave	From :	To :	No. of Days :	
No. of Special Casual Leave already availed in .....		<b>Days</b>		

**Leave as above may be approved:**

\_\_\_\_\_  
Signature of the dealing officials

**Approval of Sanctioning Authority:**

\_\_\_\_\_  
Signature of Dean, ACIR

*Forwarded to Faculty Affairs for record in the personal file of the concerned applicant*